PRINTED: 12/04/2013 FORM APPROVED

Kansas Department on Aging

Nalisas L	repartment on Aging					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		N046057	B. WING		12/0	4/2013
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
ABERDEE	N VILLAGE		ST 119TH STRI	EET		
		OLATHE, P	(S 66061			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	D BE COMPLETE	
S 000	INITIAL COMMENTS  The following citations represent the findings of a Health Resurvey.		S 000			
S1174 SS=D	26-40-303 (2)(a)(i)(ii)(iii) P E - Door monitoring system		S1174			
	(2) Door monitoring system. The nursing facility shall have an electrical monitoring system on each door that exits the nursing facility and is available to residents. The monitoring system shall alert staff when the door has been opened by a resident who should not leave the nursing facility unless accompanied by staff or other responsible person.  (A) Each door to the following areas that is					
		shall be electronically				
	(i) The exterior of the enclosed outdoor are	nursing facility, including as;				
	• •	e nursing facility that open dult care home if the exit care home are not				
	(iii) any area of the buan adult care home.	uilding that is not licensed as				
	This REQUIREMENT by: K.A.R. 26-40-303 (h)(	is not met as evidenced				
		census of 56 residents.				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

failed to maintain an electrical monitoring system

TITLE (X6) DATE

PRINTED: 12/04/2013 FORM APPROVED

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED						
			_								
		N046057	B. WING		12/0	4/2013					
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
ABERDEE	N VILLAGE	17500 WES OLATHE, K	ST 119TH STRI (S 66061	EET							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	E ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE						
S1174	Continued From page 1		S1174								
	on two exit doors.										
	Findings included:										
	A.M. revealed the exi	tour on 11/21/13 at 9:35 t door on the end of the d not alarm when opened.									
	Observation during tour on 11/21/13 at 9:35 A.M. revealed the exit door on the end of the Whispering Meadows hallway did not alarm when opened.										
	Interview with maintenance staff X on 11/21/13 at 10:00 A.M. stated the doors alarmed if a resident tried to exit who had a wanderguard bracelet on. Otherwise the door opened when the keypad code was entered and would not alarm.										
	Interview with administrative maintenance staff Y on 11/21/13 at 10:05 A.M. stated the doors should alarm when they were opened.										
	at 4:04 P.M. stated he	strative staff A on 11/26/13 e/she was unaware the of the facility needed to be ypad was in place.									
	The facility failed to mon the exit doors.	naintain a monitoring system									